

CALIFORNIA CERTIFICATE OF AUTHORITY APPLICATION

ITEM #10
DELEGATION OF INSURER FUNCTIONS CHECKLIST

Instructions for Completing Checklist:

If your answer to any of the items set forth in this checklist is in the affirmative, please provide the following: (1) Identify the entity performing the function by name and affiliation. (2) Attach a copy of the written agreement which delegates the insurer function. (3) Label the agreement by exhibit number. (4) Identify in the margin of the agreement where the specific topics set forth in Sections I and II of the Guidelines have been addressed.

Copies of all agreements should be certified by the applicant's Secretary or Assistant Secretary to be a true and correct copy of the agreement currently in force.

INSURER FUNCTIONS

IS THE FUNCTION
DELEGATED TO
ANOTHER ENTITY?

	<u>Yes</u>	<u>No</u>
A. Claims	___	___
(1) Payment		
a. Name of entity and affiliation to the applicant.		
b. A copy of the written agreement is attached to the checklist as Exhibit No. ____.		
(2) Adjusting	___	___
a. Name of entity and affiliation to the applicant.		
b. A copy of the written agreement is attached to the checklist as Exhibit No. ____.		
B. Underwriting	___	___
a. Name of entity and affiliation to the applicant.		
b. A copy of the written agreement is attached to the checklist as Exhibit No. ____.		
C. Investment		
(1) Advice	___	___
a. Name of entity and affiliation to the applicant.		
b. A copy of the written agreement is attached to the checklist as Exhibit No. ____.		
(2) Servicing	___	___
a. Name of entity and affiliation to the applicant.		
b. A copy of the written agreement is attached to the checklist as Exhibit No. ____.		
D. Tax Allocation	___	___
a. Name of entity and affiliation to the applicant.		
b. A copy of the written agreement is attached to the checklist as Exhibit No. ____.		

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IS THE FUNCTION
DELEGATED TO
ANOTHER ENTITY?

Yes No

E. Producers Commissions

(1) Computation

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____

(2) Payment

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____

F. Appointment and Cancellation of Agents

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____

G. Issuance of Policies and Enforcements

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____

H. Cancellation of Policies

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____

I. Collection and Handling of Premiums and Other Funds

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____

J. Reinsurance

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____

K. Facility Sharing

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____

L. Preparation of Financial Reports

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____

M. Advertising, Sales Promotion and Agency Development

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____

N. Reserving for Claims and Expenses

- a. Name of entity and affiliation to the applicant. _____
- b. A copy of the written agreement is attached to the checklist as Exhibit No. _____. _____